# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **November 1**<sup>st</sup> **through 15**<sup>th</sup>, **2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPI FEDER	LICATION FO AL ASSISTAI	R NCE	DATE SUBMITTED: 12/02/200	2	Applicant 'fie	er 09CH904	46
1. TYPE OF SUBMIS Application		<del> </del>	3. DATE RECEIVED BY	STATE:	State Application	Identifier	
Construction Non-Constru	<u></u>	uction onstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFO	RMATION			***************************************			
Legal Name: Tular	e County Office of E	Education		Organizational Unit	Child Care Educat	ional Program	
Address (give city, county, state, and zip code) 2637 W. Burrel PO Box 5091 Visalia, CA 93278 Tulare			Name and telephor this Senaida Garci Project Directo		o be contacted on mat	ers involving 559.651.3022	
6. EMPLOYER IDENTIFICATION NUMBER (EIN)  94 — 219195  8. TYPE OF APPLICATION  New				7. TYPE OF APPLI A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special Distri	I. State Contr J. Private Un K. Indian Trib L. Individual I M. Profit Orga	ent School Dist. rolled Institution of High iversity be anization	ler Learning
A. Increase Awa D. Decrease Dui			Increase Duration	9. NAME OF FEDE DHHS	RAL AGENCY		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  TITLE:  12. AREAS AFFECTED BY PROJECT Tulare County			3 . 6 0	11. DESCRIPTIVE PA 20 T&TA PA 22 Program Refunding Applica	,	NOV	1 5 2002
13. PROPOSED PRO	JECT:	14. CONGRE	ESSIONAL DISTRICTS O	F:	/	STATE OF	
Start Date 4/01/2003	Ending Date 3/31/2004	a Applicant	21		b. Project 21	- CLEA	RING HOUSE
15. ESTIMATED FO	UNDING	***************************************	16. IS APPLICATION	SUBJECT TO REVIEV	W BY STATE EXECUTIV		
a Federal	\$ 14,	,508,755 <b>.00</b>		APPLICATION/APPLICES F	CATION WAS MADE AV	AILABLE TO THE STA	TE
b Applicant	\$ 3,	627,189 .00	DATE	12/02/2002			
c State	\$	0 <b>.00</b>	b NO 🔲	PROGRAM IS NO	OT COVERED BY E.O. 12	2372	
d Local	\$	0.00		OR PROGRAM H	AS NOT BEEN SELECTE	ED BY STATE FOR RE	EVIEW
e Other	\$	0.00	47 10 7115 1 2011011				
f Program Income	\$ 0.00				*****	٦	
g Total	\$ 18,	135,944 .00	Yes If "Yes	," attach an explanatio	on. X	No	
18. TO THE BEST OF A BY THE GOVERNIA	MY KNOWLEDGE AND I	BELIEF, ALL DA LICANT AND TH	TA IN THIS APPLICATION IE APPLICANT WILL CON	N ARE TRUE AND CO	ORRECT. THE DOCUME ACHED ASSURANCES I	ENT HAS BEEN DULY F THE ASSISTANCE I	AUTHORIZED S AWARDED
a Typed Name of Author				b Title	intendent of School	c Telephone numbe	
o Gignature of Authorize	d Apresentative	Loc	Greco	Melisa Gree	co	e Date Signed	l-02

PEDERAL ASSISTANCE	APPLICATION FOR					OMB Approval No. 0348-0043
Revision   Construction   Reposition   Reposition   Revision   R	FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
DATE RECEIVED BY FEDERAL AGENCY   Feoreral Identifies		Propolication	3. DATE RECEIVED B	Y STATE	State Application Iden	tifier
Crity of Loma Linda   Municipality	Construction Non-Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Municipality Address (give city, county, State, and 2p code): 25541 Barton Road Loma Linda, CA 92354-3160 Bethover identification with this application (give area code) Bethover identification with the property of the prop				Organizational Unit:		
Name and telephone number of person to be contacted on matters in the procession of the person of th		n d a		1 -	itx	
bills application (give area code)  Loma Linda, CA 92354-3160  EMPLOYER IDENTIFICATION NUMBER (F.W):  ELEMINOTER TO REVISION 1   A. State   B. Decrease Award   C. Increase Duration   D. Decrease Award   B. Decrease Award   C. Increase Duration   D. Decrease Duration   D. Dec						contacted on matters involving
Mr. Dennis Halloway 909-799-2830  6. EMPLOYER DENTIFICATION NUMBER (EM):    TYPE OF APPLICATION, NUMBER (EM):   Type OF APPLICATION, NUMBER (EM):   Type OF APPLICATION, Number   Continuation   Revision   Country   Combine Phases   S.						
A State  8. TYPE OF APPLICATION:   New						09-799-2830
A. State H. Independent School Dist.  8. TYPE OF APPLICATION:    New   Continuation   Revision   C. Municipal   D. Township   C. Tow	6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	· ·	7. TYPE OF APPLICA	NT: (enter appropriate	letter-in box)
New						F
If Revision, enter appropriate letter(s) in box(es)  A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):    Combine Phases 1 & 2	8. TYPE OF APPLICATION:			B. County	I. State Controlled Inst	itution of Higher Learning
If Havision, enter appropriate letter(s) in box(es)  A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):  Combine Phases 1 & 2  Combine Phase Ph	-	, Continuation	Revision	C. Municipal	J. Private University	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration O. Decrease Dur	Nev	Continuation	, , , , , , , , , , , , , , , , , , ,	1		٠.
A. Increase Award D. Decrease Duration D. Other(specify):    Combine Phases 1 & 2	If Revision, enter appropriate lett	er(s) in box(es)		1		ĺ
D. Decrease Duralion Other(specify):  Combine Phases 1 & 2  Combine Phases 1 & 2  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  [6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		L				
Combine Phases 1 & 2  U.S. Environmental Protection Act Grant  TITLE: Appropriation Act Grant 12. AREAS AFFECTED BY PROJECT (Cities, Countes, States, etc.): Loma Linda, Redlands, San Bernardino County 13. PROPOSED PROJECT Phase 1 & 2 Cong. Jerry Lewis, 40th Congressional District STATE CLEARING HO Site Estimated Publing: 1. 1/02 City of Loma Linda City Manager NOV 1 4 7000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e Duration	'	` ,	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:    San Timoteo Creek Environmental Restoration Project (Security College States, etc.):   San Timoteo Creek Environmental Restoration Project (Security College States, etc.):   San Timoteo Creek Environmental Restoration Project (Security College States, etc.):   San Timoteo Creek Environmental Restoration Project (Security College States, etc.):   San Timoteo Creek Environmental Restoration Project (Security College States, etc.):   San Timoteo Creek Environmental Restoration Project (Security College States, etc.):   San Timoteo Creek Environmental Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   San Timoteo Creek Restoration Project (Security College States, etc.):   S						
TITLE: Appropriation Act Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Loma Linda, Redlands, San Bernardino County 13. PROPOSED PROJECT Phase 1 & 2 Cong. Jerry Lewis, 40th Congressional District STATE CLEARING HO Start Date Ending Date 1. City of Loma Linda 1. Septicant 1. City of Loma Linda 1. Septicant	Combine	Phases 1 & 2	2	U S Envi	ronmental P	rotection Agend
Restoration Project  (Specification and Carant Mach Grant Mach Country)  (Specification Project Mach Country	10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S	PROJECT:
Restoration Project    12. AREAS AFFECTED BY PROJECT (Ciles, Counties, States, etc.);   Loma Linda, Redlands, San Bernardino   NOV 1 4 200;   20. Ountry     13. PROPOSED PROJECT     14. CONGRESSIONAL DISTRICTS OF:   Cong. Jerry Lewis, 40th Congressional District STATE CLEARING HO     15. ESTIMATED FUNDING:     17. Ountry     18. PROPOSED PROJECT     18. Estimated Funding Date   a. Applicant     19. Project			66-606	- San Timote	o Creek Env	ironmental
IIILE: Appropriation Act Grant  IZ. AREAS AFFECTED BY PROJECT (Cilies, Counies, States, etc.): Lona Linda, Redlands, San Bernardino  ROV 1 4 700:  IA. PROPOSED PROJECT Phase 1 & 2 Cong. Jerry Lewis, 40th Congressional District STATE CLEARING HO Start Date Ending Date   A. Applicant   City of Loma Linda   San Timoteo Creek Restoration Prolifer   III. 1/02		Ĺ				
12. AFEBS AFFECTED BY PROJECT   14. CONGRESSIONAL DISTRICTS OF:	TITLE: Appropri	<u>iation Act Gra</u>	ant			have been been been been
14. CONGRESSIONAL DISTRICTS OF:   Phase   1 & 2   Cong. Jerry Lewis, 40th Congressional District STATE CLEARING HO   11/02   City of Loma Linda   San Timoteo Creek Restoration Pro   15. ESTIMATED FUNDING:     Phases   1 & 2   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   15. ESTIMATED FUNDING:     Phases   1 & 2   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS?   A. Federal   San Timoteo Creek Restoration Pro   ORDER 12372 PROCESS FOR REVIEW ON:   ORDER	12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta Lands San Ber	ites, etc.): spandino	linap)	00000000	81011 3 4 0000
Phase 1 & 2   Cong. Jerry Lewis, 40th Congressional District STATE CLEARING HOSTATE Date   Ending Date   a. Applicant   City of Loma Linda   b. Project   San Timoteo Creek Restoration Production State   City of Loma Linda   San Timoteo Creek Restoration Production State   San Timoteo Creek Restoration Production And Interest   San Timoteo Creek Restoration Production And Interest   San Timoteo Creek Restoration Production Production State   San Timoteo Creek Restoration Production And Interest   San Timoteo Creek Restoration Production State   San Timoteo Creek Restoration Production State   San Timoteo Creek   San Timoteo Creek   San Timoteo Creek   San Timoteo Cre		tands, ban ber	nazarno		to particular and the second s	NUV 1 4 7002
Start Date   Ending Date   a. Applicant   City of Loma Linda   b. Project   San Timoteo Creek Restoration Production   Pro				Congressiona	1 Digtrict	STATE OF EADING HOUSE
San Timoteo Creek Restoration Proposition   San Timoteo Creek Restoration   Subject To Review By State Executive   ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE  DATE  DATE  DATE  DATE  DATE  DO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  FOR PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  DATE  TO PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON:  TO PROGRAM IS NOT COVERED BY EXAMPLED BY E. O. 12372 PROCESS FOR REVIEW ON:  TO PROGRAM IS NOT COVERED BY EXAMPLED B		<u> </u>	Jewis, 40th		T DISCLICE	STATE VERATING HOUSE
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal  2,447,550  a. Applicant  337,000  b. Applicant  337,000  c. State  1,069,000  c. Other  596,650  c. Program income  1,069,000  c. Program income  1,069,000  c. Telephone Number  4,450,200  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative  Mr. Dong is, Halloway  City Manager  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372  ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION/APPLICATION/APPLICATION/APPLICATION AND MASS MADE  AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  PROCESS FOR REVIEW ON:  DATE  b. No.   PROGRAM IS NOT COVERED BY E. O. 12372    OR PROGRAM IS NOT COVERED BY E. O. 12372    OR PROGRAM IS NOT COVERED BY E. O. 12372    OR PROGRAM IS NOT COVERED BY E. O. 12372    OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW ON:    DATE	_	1 ''	т :		o Crook Pos	toration Project
ORDER 12372 PROCESS?  a. Federal  2, 447,550  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  5. State  5. O  DATE  DATE  DOTE  PROGRAM IS NOT COVERED BY E. O. 12372 POR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  Program Income  FOR REVIEW  TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  Type Name of Authorized Representative  D. Title  C. Telephone Number 909-7799-2830  E. Date Signed November 6, 2002		CITA OL POME	LINUA			
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE  DATE  DO PROGRAM IS NOT COVERED BY E. O. 12372 POR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  DIT. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  Type Name of Authorized Representative  Mr. Dannis, Halloway  City Manager  B. Signature Authorized Representative  Mr. Dannis, Halloway  City Manager  B. Date Signed November 6, 2002				7071071112101111011		B) GIAIL EXECUTIVE
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  337,000  DATE  DATE  DATE  DO DATE  DO PROGRAM IS NOT COVERED BY E. O. 12372 POR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  Program Income  TOTAL  TO		Ισ	00	- ONDER 12372 FR	OCESS?	
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE  DATE  DATE  DATE  DATE  DATE  DOTE  DOT	i. Federal	4 -	•	a YES THIS PREA	PPLICATION/APPLICA	TION WAS MADE
PROCESS FOR REVIEW ON:    337,000	a Applicant		00			1
DATE	7. Applicant	! `				
b. No.   PROGRAM IS NOT COVERED BY E. O. 12372  c. Other   \$ 00   OR PROGRAM IS NOT COVERED BY E. O. 12372  c. Other   \$ 00   OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  c. Program Income   \$ 00   17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  g. TOTAL   \$ 00   Yes If "Yes," attach an explanation.   X No  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative   b. Title   c. Telephone Number 909-799-2830   d. Signatura Authorized Representative   b. Title   c. Date Signed November 6, 2002	c. State	\$	.00	DATE		
DOR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. Type Name of Authorized Representative  19. Dannis, Halloway  10. Signature Mathorized Representative  11. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  12. No  13. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  14. Signature Mathorized Representative  15. Title  16. Signature Mathorized Representative  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT AND CORRECT, THE DOCUMENT AND THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED AND THE APPLICANT AND T	i. Local ,	ļ	.00			
596,650  FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  4,450,200  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  19. TOTAL  19. TOTAL  10. Yes If "Yes," attach an explanation.  20. No.  10. Total Authorized Representative  21. Total Authorized Representative  22. Total Authorized Representative  23. TOTAL  24. 450, 200  25. TOTAL  26. THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  27. TOTAL  27. TOTAL  28. TOTAL  29. TOTAL  29. TOTAL  20. THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  20. TOTAL  20. TOTAL  20. TOTAL  20. TOTAL  20. Telephone Number  20. Date Signed  20. November 6, 2002		1,069,000				
Program Income  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. Type Name of Authorized Representative  19. Title  10. Title  10. Telephone Number  19. Opp 19. Telephone Number  19. Opp 19. Telephone Number  19. Date Signed November 6, 2002	e. Other	ł "				SELECTED BY STATE
TOTAL  \$ 100	. Program Income	\$ ==	.00	17 IS THE ABBLICAN	T DELINGUENT ON A	NY FEDERAL DEBT?
IS. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative  b. Title  C. Telephone Number  909-799-2830  d. Signarura Authorized Representative  e. Date Signed  November 6, 2002	j. TOTAL	\$	.00	1		
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE  ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative  b. Title  C. Telephone Number  909-799-2830  d. Signature Authorized Representative  e. Date Signed  November 6, 2002	IS TO THE BEST OF MV PNOV		I DATA IN THIS ABBLIO	TATION/DDEADDLICAT	ION ARE TRUE AND O	OBBECT THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative  Mr. Dennis, Halloway  City Manager  909-799-2830  b. Date Signed November 6, 2002						
a. Type Name of Authorized Representative  Mr. Dennis, Halloway City Manager  909-799-2830  d. Signature Authorized Representative  E. Date Signed November 6, 2002				IM ALL MIVARE ARE ID		were treated to the
Mr. Dennis, Halloway City Manager 909-799-2830  d. Signatura Muthorized Representative e. Date Signed November 6, 2002			T		c. Telephone Number	
d. Signature Anthorized Representative  e. Date Signed  November 6, 2002			1		·	30
	d. Signature Mathorized Repre	sentative	i crey namay		e. Date Signed	
Previous Edition Usable Standard Form 424 (Rev. 7-97)	Pevious Edition Usable	<u>v "                                   </u>				

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102 **DRAFT** 

		PART I - F.	ACE SHE	ET		图	G	<b>E</b> [	IW	E	$\int_{\mathbb{R}}$
APPLICATION FOR F	ICE	1. TYPE OF SUBMISSI			NOV	7 4	2002	)			
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECI	3. DATE RECEIVED BY STATE:		STATE APPLICATION II	ENTIF	<del></del>			ING I		181
2b. APPLICATION ID: 03SR026511	4. DATE RECI	EIVED:		GRANT NUMBER:	01/	TIL	OLI	-/*\\\	IIVOI	101	701
5. APPLICATION INFORMATION											-
LEGAL NAME: HELP OF OJALINC  ADDRESS (give street address, city, state and zip code): PO Box 621			NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):  NAME: Kathleen M. Tatras  TELEPHONE NUMBER: (805)646-7787								
111 Santa Ana Ojai CA 93023			FAX NUMBER: (	(805)6461748 NL ADORESS; rsvpojai@t	nelpo <b>b</b> ji	si.arg					
6. EMPLOYER IDENTIFICATION NUMBER (E 952872549	EIN):		7. TYPE OF APP 7a. Non-Profit	LICANT;			***************************************				
8. TYPE OF APPLICATION:  NEW X CONTINUATION  REVISION  If Revision, enter appropriate letter(s) in box(es):  A Increase Award B, Decrease Award C, Increase Duration			Scifincorpore	ased Organization (ted Senior Corps Project (nagement Organization							
D. Decrease Duration			9. NAME OF FEDERAL AGENCY:  Corporation for National and Community Service								
10a. CATALOG OF FEDERAL DOMESTIC AS: 10b. TITLE: Relifed and Senior Volunteer Pro 12. AREAS AFFECTED BY PROJECT (List Of The Ojai Valley RSVP is located in the City of California. The RSVP serves the City of Ojai, to	gram ties: Counties, Sti Ojai, County of Vet	ales, atc): Itura and State of	R9VP OF OJ	e title of <b>app</b> licant: ai	S PROJ	ECT:			-		
13. PROPOSED PROJECT: START DATE: 01	/01/01 END	DATE: 12/31/03	14. PERFORMAN	NCE PERIOD: START DA	TE:		END	DATE:			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?								
a. FEDERAL b. APPLICANT	\$ 56,932.0	)	YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 06-NOV-02								
c. STATE	\$ 0.0										
d. LOCAL e. OTHER	\$ 28,090.00								_		
(, PROGRAM INCOME	\$ 0.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?								
g. TOTAL \$ 106,971,00  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATEDULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APIS AWARDED.			TION/PREAPPLICA	ES If "Yes," attach an e TION ARE TRUE AND CO OMPLY WITH THE ATTAI	ORREC	T, THE	DOCU ANCES	NO IMENT I S IF THI	HAS BEE	EN TANCE	=
a. TYPED NAME OF AUTHORIZED REPRES Martinic Spencer	ENTATIVE:	b. TITLE: Executive Director	r			646-51		BER:	***************************************		_
marlen.	0. ~	c.n.)			). DATE	: // <sub>/</sub>	/14/	os .			





FTA

U.S. Department of Transportation

**Federal Transit Administration** 

# **Application for Federal Assistance**

Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y186
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2003 Capital Assistance

# Part 1: Recipient Information

Project Number:	CA-90-Y186
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

### **Union Information**

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Alan Lee
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541



# Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y186
Project Description:	FY 2003 Capital Assistance

Gross Project Cost:	\$3,171,250
Adjustment Amt:	\$0
Total Eligible Cost:	\$3,171,250

Recipient Type:	City
FTA Project Mgr:	Ray Tellis/John Ottomanelli
Recipient Contact:	J. Mills/A.Ochoa/A. Rose
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Oct. 01, 2002 - Nov. 30, 2003
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Oct. 07, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 02, 2002
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Deling. Details:	

Total FTA Amt:	\$2,537,00	00
Total State Amt:	\$634,25	50
Total Local Amt:	9	60
Other Federal Amt:	\$	60
Special Cond Amt:	9	βO
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	No	
Fed. Debt Authority?:	No	
Final Budget?:	No	

#### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELES, CA
	LOS ANGELESLONG BEACHSANTA ANA, CA

#### **Congressional Districts**

State ID	District Code	District Official	
6	36	Jane Harman	

#### **Project Details**

FY 2003 Capital Projects-

- 1. Preventive Maintenance: In compliance with federal guidelines, staff will use a portion of capital funds to defray the cost of maintaining the fleet.
- 2. COP Bus Lease Payment: This is the year 10 payment on the Certificates of Participation (COP) sold in December 1992 to purchase fourteen Gillig Phantoms buses.

#### PART I - FACE SHEET

APPLICATION FOR F	EDERAL ASSISTAN			
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	Non-Construction  STATE APPLICATION IDENTIFIER:		
11/09/02 25. APPLICATION ID:	A DATE DECENTED	GRANT NUMBER:		
	4. DATE RECEIVED:			
03SC026384  5. APPLICATION INFORMATION	11/09/02	02SCPCA001		
5. APPLICATION INFORMATION		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER		
ADDRESS (give street address, city, state and 149 N Fulton St. Fresho CA 93701 - 1607		PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):  NAME: Cathy Caples  TELEPHONE NUMBER: 5594986377  FAX NUMBER: 5594851591		
		INTERNET E-MAIL ADDRESS: Copples@ccdoforg		
8. EMPLOYER IDENTIFICATION NUMBER (E 941678938 8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: 78. Non-Profit 7b. Community-Based Organization Faith-based organization Local Affiliate of National Organization		
REVISION If Revision, anter appropriate letter(s) in box(s  A. Increase Award  B. Decrease Award	<u> </u>	STATE CLEARING HOUSE		
D. Decrease Duration		9. NAME OF FEDERAL AGENCY:  Corporation for National and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC AS 10b. TITLE: Senior Companion Program	SISTANCE NUMBER: 94,018	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP CCD OF FRESNO		
12. AREAS AFFECTED BY PROJECT (Ust Of Frence Coty-Presno, Clovis, Kernum, Selma, P. Hanford, Cocoran, Leemoore-Tulare C-Tulare, V.	owlor, Firebaugh, Coalinga Kinga C			
13. PROPOSED PROJECT: START DATE: 01	/01/02 END DATE: 12/31/04	14. PERFORMANCIE PERIOD: START DATE: END DATE:		
15, ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 363,321.00	ORDER 12372 PRIOCESS?		
b. APPLICANT	\$ 275,548.00	X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. STATE	\$ 166,868.00	REVIEW ON: DATE: 01-OCT-02		
d. LOCAL	\$ 108,680.00			
e. OTHER	\$ 0.00			
f. PROGRAM INCOME	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 638,869,00	YES If "Yes," attach an explanation.		
		ON/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN PLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE		
B. TYPED NAME OF AUTHORIZED REPRESE	ENTATIVE: b, TITLE;	c. TELEPHONE NUMBER:		
Ernost E. Volasquez Sir	Executive Director	559-237-0851		
		d. DATE: 11/09/02		

APPLICATION FOR		- DATE OURWITTED	•	Applicant Identifier	
EDERAL ASSISTAN	1CE	2. DATE SUBMITTED			
		3. DATE RECEIVED BY	STATE	State Application Identifier	
TYPE OF SUBMISSION:	Preapplication :				
Application Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Moli-Collandenon				
. APPLICANT INFORMATION			Organizational Unit:		
egal Name: Springville	Public Utility	District	Воз	ard of Directors	
ddress (give city, county, State, P.O. Box 43 Springville Tulare Coun	and zip code): 4 , CA 93265		Dennis R. (559) 732-	Keller, District Engineer	
. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
94-1731	897		A. State	H. Independent School Dist.  I. State Controlled Institution of Higher Learning	
. TYPE OF APPLICATION:	Continuation	Revision	B. County C. Municipal D. Township	J. Private University K. Indian Tribe	
Revision, enter appropriate letter(s) in box(es)			E. Interstate F. Intermunicipal G. Special District	L Individual M. Profit Organization	
A. Increase Award B. Dec D. Decrease Duration Other(s			h .		
D. Decrease Buildion			9. NAME OF FEDER	AL AGENCY:	
				ral Development	
D. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N		1	TLE OF APPLICANT'S PROJECT:	
Water & Wa	ste Disposal Grant Program	10-760	SeingSéwe	r Effluent Disposal Project	
2. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, St Community of				
Springville, Ca	14. CONGRESSIONAL D			Nov	
March 2004*	- Appliand		b. Project		
tart Date Ending Date	a. Applicant		21st	6 2002	
Funding Dependent 5. ESTIMATED FUNDING:	21st		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
Federal	\$ 1.00	21,800	ORDER 12372 P	APPLICATION/APPLICATION WAS MADE	
USDA-RD . Applicant	\$	0	AVAILABL	LE TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:	
. State	<b>s</b>	. <b>∞</b> 0	DATE	10/4/02	
I. Local	\$	0	b. No.   PROGE	AM IS NOT COVERED BY E. O. 12372	
. Other	\$	0	OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE VIEW	
. Program Income	s	. <b>∞</b> O	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?	
). TOTAL	\$ 1.0	.∞ )21,800		attach an explanation.	
8. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	WLEDGE AND BELIEF, A AUTHORIZED BY THE G	LL DATA IN THIS APPLI OVERNING BODY OF T	CATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE	
i. Type Name of Authorized Rep		b. Title Presid	lent,	c. Telephone Number	
Wallace Johnson		1	Directors	(559) 539-2869	
1. Signature of Authorized Repre	esentative			e. Date Signed	
Previous Edition Usable Authorized for Local Reproduction	on -			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102	

#### APPLICATION FOR 2. DATE SUBMITTED9 / 9 / 0 2 **FEDERAL ASSISTANCE** Applicant Identifier August 30-2002-1. TYPE OF SUBMISSION: 3 DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Certified Development Corp. of Tulare County Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving 205 E. San Joaquin this application (give area code) Lisa Hollingshead, President 559-688-6666 Tulare, CA 93274 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 7 | 7 | - | 0 | 5 | 1 | 7 | 2 | 1 | 4 Ν A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Revision New New ☐ Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization Non Profit A. Increase Award B. Decrease Award G. Special District N. Other (Specify) \_\_\_ C. Increase Duration D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Small business Revolving Loan Fund for eligible rural 1 0 7 6 7 areas of Tulare County, California, TITLE: Intermediary Relending Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County, except Porterville, Tulare, Visalia. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project 3/31/02 19, 20, and 21 4/1/01 19, 20 and 21 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal 500.000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 125,000 PROCESS FOR REVIEW ON: c. State \$ -08/30/02- 9/9/02 d. Local b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 00 e. Other □ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 00 f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Lisa Hollingshead	President	(559) 688-8888
d Blongton of Authorized Dansantation		1 5 . 5

625.000

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Standard Form 424 (Rev. 7-97)

₩ No

Yes If "Yes," attach an explanation.

Prescribed by OMB Circular A-102

	ITION FOR L'ASSISTAI	NCE	2. DATE SUBMITTED		Applicant Identifier	Otto Approvat No. 0348-002
1. TYPE OF SUB Application Construct	Prea	oplication Construction	3. DATE RECEIVED BY		State Application Identifier	
Non-Con	· · · · · · · · · · · · · · · · · · ·	on-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Legal Name:		ies Housi	ng Dev. Con	Organizational Un	it: River Garde	n c
	y, county, state, and			[		
I	E. Gobbi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Tims application (g	ive area code)	be contacted on matters involving
Ukia	ah, CA. 95	5482		İ	Hill, Executiv	
6. EMPLOYER IDE	NTIFICATION NUMBE	R (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate lette	r in box) N
<u></u>	9 4 - 2	2 3 1 9	8 9 4	A. State B. County	H. Independent	to design to
8. TYPE OF APPLIC			·	C. Municipal D. Township	J. Private Unive K. Indian Tribe	
	New New	Continuation	n	E. Interstate F. Intermunicip	L. Individual al M. Profit Organiz	ration
A. Increase Aw		é Award C. I	ncrease Duration	G. Special Distr		housing corp.
D. Decrease Do	uration Other (spe	cify):	*	9. NAME OF FEDERA	AL AGENCY:	
			***************************************	USDA/	Rural Develop	ment
10. CATALOG OF FE ASSISTANCE N	EDERAL DOMESTIC UMBER:			11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
TITLE:				USDA/RD	515 program p	provides lower
	ental Hous			interes	t loans to gro	oups that develop
12. AREAS AFFECTE	D BY PROJECT (citie	s. counties, states.	etc.):	afforda	ble housing in	n rural areas.
Ukia	·	ino Count	У,		- <i>1</i>	~
13. PROPOSED PRO	Californ	14. CONGRESSION	IAL DISTRICTS OF:			10) 12
Start Date 1 2 / 1 / 0 2	Ending Date 1 / 1 / 0 3	a. Applicant	2nd		b. Project 2nd	
15. ESTIMATED FUND	ING:		16. IS APPLICATION	SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER	12372 PROCESS?
a. Federal	\$ 785,	.000	a. YES. THIS STA	PREAPPLICATION/ TE EXECUTIVE ORD	APPLICATION WAS MADE A ER 12372 PROCESS FOR A	12372 PROCESS? VANDABLE TO THE A 2002 HEVIEW ON: CLEARING HOL
o. Applicant	\$	.00	DAT	11/8/0	2	GLEARING VO
: State	\$	.00	b NO.	PROGRAM IS NOT	COVERED BY E.O. 12372	1040
l. Local	\$	.00			NOT BEEN SELECTED BY S	STATE FOR DEVIEW
Other	\$ 1,064,	763 .00			No. odan oddag.cb brid	STATE FOR REVIEW
Program Income	\$	.00	17. IS THE APPLICAN	IT DELINQUENT ON A	NY FEDERAL DEBT?	
TOTAL	\$ 1,849,	763 .00	Yes If "	Yes," attach an expla	nation.	⅓ No
3. TO THE BEST OF M UTHORIZED BY THE C	Y KNOWLEDGE AND GOVERNING BODY OF	BELIEF. ALL DATA IN THE APPLICANT AND	THIS APPLICATION:PREAD THE APPLICANT WILL (	APPLICATION ARE TRU COMPLY WITH THE AT	IE AND CORRECT, THE DOCUM FACHED ASSURANCES IF THE A	ENT HAS BEEN DULY ASSISTANCE IS AWARDED
Typed Name of Aut Duan	horized Representa	tive	T		ve Director	c Telephone number 707 4631975
Signature of Author	rued Depresentation		***************************************			e Date Signed
	1					11.1.00

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043
entifier
Manor
on to be contacted on matters involving
xecutive Director
e letter in box)  Indent School Dist. Controlled Institution of Higher Learning University Tribe ual Organization Specify):
opment
ouect: am provides lower
groups that develop
g in rural areas.
NOV NOV
PROFER 12372 PROCESS?  ADDE AVAILABLE TO THE FOR REVIEW ON!
ED BY STATE FOR REVIEW

APPLICAT	ION FOR		2. DATE SUBMITTED		<del></del>	OMB Approval No. 0348-004
FEDERAL	ASSISTA	<b>VCE</b>	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMI Application Construction	Prea	oplication onstruction	3. DATE RECEIVED BY	STATE	State Application Identifier	
☐ Non-Constr	_	on-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFO		on-Construction			<u> </u>	
Legal Name: Rural Co	ommuniti	es Housing	Dev. Corp.	Organizational Uni	t: Orchard Mano	or
Address (give city,	county, state, and	d zip code):		Name and telepho	ne number of the person to be	a contacted on matters involving
237 E	. Gobbi			this application (give area code)		
Ukiah	, CA. 95	5482		Dua	ne Hill, Execu	tive Director
6. EMPLOYER IDENT  G  8. TYPE OF APPLICA	4 - 2		8 9 4	7. TYPE OF APPLICA A. State B. County C. Municipal	ANT: (enter appropriate letter H. Independent Si I. State Controller J. Private Univers	chool Dist. d Institution of Higher Learning
If Revision, enter app	d B. Decreas	e Award C. I	Revision  Revision  Duration	<ul><li>D. Township</li><li>E. Interstate</li><li>F. Intermunicip</li><li>G. Special Distr</li></ul>	<b>3</b>	
D. Decrease Dura	ation Other (spe	cify):		9. NAME OF FEDERA	AL AGENCY:	
				USDA/R	ural Developme	nt
10. CATALOG OF FED ASSISTANCE NUM	ERAL DOMESTIC				LE OF APPLICANT'S PROJECT:	
тітьє: Ren	tal Hous	ing 515 .		USDA/RD 515 program provides lower		
					_	ups that develop
12. AREAS AFFECTED Ukiah	, Mendoc	ino Counties, states, ino	etc.): Y	affordal	ble housing in	rural areas.
1	ifornia	•				//0/15
13. PROPOSED PROJE	CT:	14. CONGRESSION	IAI DISTRICTS OF			
Start Date 12/1/02	Ending Date 1 / 1 / 0 3	a. Applicant	nd	·	b. Project 2nd	Nov (1)
15. ESTIMATED FUNDIN	IG:		16 IS ARRIVATION	CUD ICOT TO COMME		4
a. Federal	<b>\$</b> 1,954	.557 .00	a. YES. THIS STA	PREAPPLICATION/ TE EXECUTIVE ORD	BY STATE EXECUTIVE ORDER 1: APPLICATION WAS MADE AVER 12372 PROCESS FOR RE	AILABLE TO THE
b. Applicant	\$	.00	DATE	11/8/0	2	WG HOVE
c. State	s	.00			COVERED BY E.O. 12372	
d. Local	\$	.00		OR PROGRAM HAS	NOT BEEN SELECTED BY S	TATE FOR REVIEW
e. Other	\$ 645,4	.00				
f. Program Income	\$	.00	17. IS THE APPLICAN	IT DELINQUENT ON A	NY FEDERAL DEBT?	
g TOTAL	\$ 2,600,	000 .00	Yes If "Y	Yes," attach an expla	anation.	∑ No
18. TO THE BEST OF MY AUTHORIZED BY THE GO	KNOWLEDGE AND OVERNING BODY O	BELIEF, ALL DATA IN F THE APPLICANT AND	THIS APPLICATION, PREAD THE APPLICANT WILL C	APPLICATION ARE TRU	JE AND CORRECT, THE DOCUME TACHED ASSURANCES IF THE A	ENT HAS BEEN DULY
a. Typed Name of Author Duane	orized Representa	tive	ЬТ	itle	utive Director	
d Signature of Authori	zed Representativ					e Date Signed
	_					1111-07

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Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier		
TYPE OF SUBMISSION     Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
Construction  Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION	Å				
Legal Name: STATE OF CALIFORNIA DEPARTMENT O	F HEALTH SERVICES	Organizational Unit: DEPARTMENT OF HEALTH SE	1		
Address (give city, county, state, and zip co 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320	de):	Name and telephone number of the person to be contacted on matters involving this application (give area code)  ROBIN R HOOK (916) 323-0871			
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter here)A			
<u>68-0317191</u>		C. Municipal	H. Independent School District State Controlled Institution of Higher Learning Private University Indian Tribe		
8. TYPE OF APPLICATION:		E. Interstate L	. Individual		
■ New □ Continuation [	☐ Revision	F. Intermunicipal	Л. Profit Organization		
If Revision, enter appropriate letter(s) in b	ox(es):	G. Special District	N. Other (Specify):		
A. Increase Award B. De	crease Award crease Duration	9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY			
10. CATALOG OF FEDERAL DOMEST NUMBER: 66.471 TITLE: Operator Certification Expense Rein 12. AREAS AFFECTED BY PROJECT (cetc.): STATEWIDE	mbursement Grants	11. DESCRIPTIVE TITLE OF	ng & Certification Expense Reimbursement		
13. PROPOSED PROJECT:	14. CONGRESSIONAL	DISTRICT OF			
Start Date	a. Applicant: 1-45		b. Project: STATEWIDE		
15. Estimated Funding:		16. IS APPLICATION S ORDER 12372 PRO	UBJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal	\$ 8,058,720	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:			
b. Applicant	\$				
c. State	\$	DATE <u>9/16/02</u>			
d. Local	\$	b. NO.   PROGRAM IS NOT COVERED BY E.O. 12372			
e. Other	\$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 8,058,720	☐ YES If "Yes" attach an explanation. ■ NO			
18. TO THE BEST OF MY KNOWLEDGE DOCUMENT HAS BEEN DULY AUTI THE ATTACHED ASSURANCES IF	EAND BELIEF, ALL DATA IN 1 HORIZED BY THE GOVERNIN THE ASSISTANCE IS AWARD	THIS APPLICATION/PREAPPLIC NG BODY OF THE APPLICANT A ED.	ATION ARE TRUE AND CORRECT, THE ND THE APPLICANT WILL COMPLY WITH		
a. Typed Name of Authorized Representa David Souleles, M.P.H.		b. Title: Chief Deputy Director Department of Health Services			
d. Signature of Authorized Representativ			e. Date Signed  W/w/oC		
	- UU N	OV 4 2002			

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Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATIO		ļ	2. Date Submitted	(mm/dd/yyyy) Applicant Identifier		
FEDERAL AS	SSISTANCE		10/3	31/02		
1. Type of Submiss Application		plication	3. Date Received b	y State (mm/dd/yyyy)	State Applicant Identifier	
Construction	☐ Co	nstruction	4. Date Received b	y Federal Agency	Federal Identifier	:
☐ Non-Construction	on No	n-Construction	(mm/dd/yyyy)			
5. APPLICANT INF	ORMATION					
Legal Name:	Wildwood C	anyon, LLC		Organizational Unit:	82 beds/68 unit	
Address (give city, cou	nty, state, and zip code):			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
309 SW Sixth Ave Portland, Oregon				Eilenn Gray Busel phone # (561) 638-4480	•	
6. EMPLOYER IDE	NTIFICATION NUME	BER (EIN):		7. TYPE OF APPLIC		М
7 2 - 1 5 3 3 5 4 0			A. State	I. State Controlled	I Institution of Higher Learning	
8. TYPE OF APPLICATION:			B. County C. Municipal	J. Private Universi K. Indian Tribe	ty	
☑ New ☐ Continuation ☐ Revision			D. Township E. Interstate	L. Individual M. Profit Organizat	ion	
	i⊠ New	Continuation	☐ Kevision	F. Intermunicipal	N. Nonprofit	
If Revision, enter appro	priate letter(s) in box(es)			G. Special District	O. Public Housing	Agency
A. Increase Award	B. Decreas	se Award C. Inc	crease Duration	H. Independent School	ol Dist. P. Other (Specify)	
D. Decrease Duration	on Other (spe	cify):		9. NAME OF FEDE		Lt Daniela
				U.S.	Department of Housing and U	Jrban Development
10. CATALOG OF	FEDERAL DOMEST	C 1 4	1 2 9	11. DESCRIPTIVE	TITLE OF APPLICANT'S PR	OJECT:
ASSISTANCE I	NUMBER: (xx-yyy)	1 4	• [ ] 2 [ 3	The proposed Project will be a 68 unit, 82 bed ALF with Alzheimer care units		
TITLE: Mortgage	e Ins. Nursing Homes	. Intermediate Care	Facilities Board	consisting of a one and partial two story building with two interior courtyards, one for assisted living residents and one for Alzheimer residents, located on		
and Care, Assisted		,	•	approximately 7.5 acres in Yucaipa, CA. The improvements will be developed		
12. AREAS AFFEC	TED BY PROJECT	(cities, counties, s	tates, etc.):	in a rectangular-shaped figure eight design. Administrative offices will be locate		
	/ucaipa, San Bernard	ino County Coliforn	ia	in the front with Alzheimer's-Dementia units located on the southwest side and assisted living units located on the northeast side. Dining will be centrally		
1	гисагра, Зап ветато	mo County, Californ	ia	located, however, with separate dining areas for assisted living and Alzheimer		
				residents.		
13. PROPOSED PR	ROJECT:	14. CONGRESSI	ONAL DISTRICTS OF	F:		
Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	a. Applicant			b. Project	malina Carrete #44
02/03/2003	05/31/2004		Multnomah County #	3	San Berna	ardino County #41
				TION OUR IFOT TO S	FINEW BY STATE EVECUT	WE ARRED 12972 PRACESS2
15. ESTIMATED F	JNDING:				LICATION WAS MADE AVAILABLI	IVE ORDER 12372 PROCESS? E TO THE
				TATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
			DATE	E (mm/dd/yyyy)		
Complete for	m HUD-424-M, I	Funding Matrix	b. NO. □	PROGRAM IS NOT COVERED BY E.O. 12372		
			OR 🗆	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
			17. IS THE API	PLICANT DELINQUENT ON ANY FEDERAL DEBT?  If "Yes," attach an explanation.		
			CATION/PREAPPLICATION A	ARE TRUE AND CORRECT. TH	E DOCUMENT HAS BEEN DULY	
a. Typed Name of Auti		PLICANT AND THE APPLI	CANT WILL COMPLY WITH	b. Title	S IF THE ASSISTANCE IS AWARDED.	c. Telephone number
a. Typed Name of Auti	Donald E	Nielsen			resident	(Include Area Code) 503-227-1751
d. Signature of Authori	zed Representative	WOI	1//		E O V E	e. Date Signed (mm/dd/yyyy)
	_////NEX4	" (fy	KOL	1131		Standard Form 424
Previous Edition Usat (7/97)	oie v			NOV	4 2002	Giandala i Olili 424

## PART I - FACE SHEET

	· · · · · · · · · · · · · · · · · · ·		Non-Construction			
24. DATE SUBMITTED TO CORPORAT FOR NATIONAL AND COMMUNITY SERVICE (CNCS): !0/11/02	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:			
2b. APPLICATION ID:	4. DATE RÉCEIVED:	-	CDANTAUNAGE			
03\$R026971	10/31/02		GRANT NUMBER:			
APPLICATION INFORMATION	10/31/02					
EGAL NAME: KINGS/TULARE AREA	AGENCY ON AGING		ONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER E CONTACTED ON MATTERS INVOLVING THIS APPLICATION (gMG			
		aren codes):	To a series of the series (844			
NDDRESS (give street eddress, city, st	ate and zip code):	NAME: Mory A.	NAME: Mary A. Lawrence			
5957 S. Mooney Blvd.		TELEPHONE N	TELEPHONE NUMBER: (559)733-6585 ex 3			
Viantin CA 93277			FAX NUMBER: (559)733-6891			
		INTERNET E-M	WIL ADDRESS: minurene@tularchhan.org			
EMPLOYER IDENTIFICATION NUM	BER (EIN):	7. TYPE OF API				
946000545		78. Local Gaver				
B. TYPE OF APPLICATION:	0	75. Amn Agency	on Aging			
	ONTAHIATION					
	ONTINUATION					
REVISION						
f Revision, enter appropriate letter(s) in	box(ea):					
A, Increase Award B. Decmase	Award C. Increase Duretion					
	C. Miliana Dividion					
D. Decrease Duration		9. NAME OF FEDERAL AGENCY:				
			tion for National and Community Service			
Da. CATALOG OF FEDERAL DOMEST			VE TITLE OF APPLICANTS PROJECT:			
0b, TTLE: Ratined and Senior Volunte	er Program	KINGS/TULA	NRE COUNTIES RSVP			
2. AREAS AFFECTED BY PROJECT (	List Cities, Counties, States, etc);					
Kings and Tulare Counties						
3. PROPOSED PROJECT; START DAT	TE: 01/01/03 END DATE: 12/31/05	14. PERFORMAN	NCE PERIOD: START DATE: END DATE:			
5. ESTIMATED FUNDING:		16, IS APPLICAT	TION SUBJECT TO REVIEW BY STATE EXECUTIVE			
e. FEDERAL	\$ 56,469,00		ORDER 12372 PROCESS?			
		YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE				
b. APPLICANT	\$ 49,532.00	`				
b. APPLICANT  c. STATE	\$ 49,532.00 \$ 0,00	TO TH REVIE	IE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON;			
	\$ 0.00	TO TH REVIE	E STATE EXECUTIVE ORDER 12372 PROCESS FOR			
c. STATE d. LOCAL	\$ 0.00 \$ 49.592.00	TO TH REVIE	IE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON;			
c. STATE d. LOCAL a. OTHER	\$ 0.00 \$ 49,532.00 \$ 0,00	TO TH REVIE DATE;	LE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON: 25-OCT-02			
c. STATE d. LOCAL	\$ 0.00 \$ 49,532.00 \$ 0,00	TO TH REVIE DATE:	IE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON;			
c. STATE d. LOCAL a. OTHER f. PROGRAM INCOME g. TOTAL	\$ 0.00 \$ 49.532.00 \$ 0.00 \$ 106.001.00	TO TH REVIE DATE:	LICANT DELINQUENT ON ANY FEDERAL DEBT?  ES IT Yes, allach an explanation.			
c. STATE d. LOCAL a. OTHER f. PROGRAM INCOME g. TOTAL 8. TO THE BEST OF MY KNOWLEDGE	\$ 0.00 \$ 49.532.00 \$ 0.00 \$ 106.001.00 EAND BELIEF, ALL DATA IN THIS APPLICA	TO TH REVIE DATE:  17. IS THE APPL  ATION/PREAPPLICAT	LE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON:  25-OCT-02  LICANT DELINQUENT ON ANY FEDERAL DEBT?  ES If "Yes," atlach an explanation.  NO  TION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN			
c. STATE d. LOCAL a. OTHER f. PROGRAM INCOME g. TOTAL 3. TO THE BEST OF MY KNOWLEDGE ULY AUTHORIZED BY THE GOVERN AWARDED.	\$ 0.00 \$ 49,532.00 \$ 0,00 \$ 106,001.00 EAND BELIEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT AND THE	17, IS THE APPL  17, IS THE APPL  ATION/PREAPPLICATE  APPLICATE WILL CO	LE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON;  25-OCT-02  LICANT DELINQUENT ON ANY FEDERAL DEBT?  ES If "Yes," atlach an explanation.   NO  TION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN			
C. STATE  d. LOCAL  a. OTHER  f. PROGRAM INCOME g. TOTAL  8. TO THE BEST OF MY KNOWLEDGE ULY AUTHORIZED BY THE GOVERN S AWARDED.  TYPED NAME OF AUTHORIZED REF	\$ 0.00 \$ 49,532.00 \$ 0,00 \$ 106,001.00 EAND BELIEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT AND THE	TO TH REVIE DATE:  17. IS THE APPL  ATION/PREAPPLICAT	LE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON;  25-OCT-02  LICANT DELINQUENT ON ANY FEDERAL DEBT?  ES If "Yes," atlach an explanation.   NO  TION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN			
c. STATE d. LOCAL a. OTHER f. PROGRAM INCOME g. TOTAL 6. TO THE BEST OF MY KNOWLEDGE	\$ 0.00 \$ 49.592.00 \$ 0.00 \$ 0.00 \$ 106.001.00 EAND BELIEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT AND THE	17. IS THE APPL  ATION/PREAPPLICAT  APPLICANT WILL CO	LICANT DELINQUENT ON ANY FEDERAL DEBT? ES If "Yes," affach an explanation.  INDOMERE TRUE AND CORRECT, THE DOCUMENT HAS BEEN OMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE			
C. STATE  d. LOCAL  a. OTHER  f. PROGRAM INCOME g. TOTAL  8. TO THE BEST OF MY KNOWLEDGE ULY AUTHORIZED BY THE GOVERN S AWARDED.  TYPED NAME OF AUTHORIZED REF	\$ 0.00  \$ 49.532.00  \$ 0.00  \$ 0.00  \$ 106.001.00  E AND BELIEF, ALL DATA IN THIS APPLICATING BODY OF THE APPLICANT AND THE	17. IS THE APPL  17. IS THE APPL  APPLICATE WILL CARPELICATE WILL CARPELIC	LE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON:  25-OCT-02  LICANT DELINQUENT ON ANY FEDERAL DEBT? ES If "Yes," allach an explanation.  NO  TION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN OMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  C. TELEPHONE NUMBER:  559-737-4660			
C. STATE  d. LOCAL  a. OTHER  f. PROGRAM INCOME  g. TOTAL  B. TO THE BEST OF MY KNOWLEDGE  ULY AUTHORIZED BY THE GOVERN AWARDED.  TYPED NAME OF AUTHORIZED REF	\$ 0.00  \$ 49.532.00  \$ 0.00  \$ 0.00  \$ 106.001.00  E AND BELIEF, ALL DATA IN THIS APPLICATING BODY OF THE APPLICANT AND THE	17. IS THE APPL  ATION/PREAPPLICAT  APPLICANT WILL CO	LICANT DELINQUENT ON ANY FEDERAL DEBT?  ES IT Yes, attach an explanation.  NO  TION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN OMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  C. TELEPHONE NUMBER:  559-737-4660			
C. STATE  d. LOCAL  a. OTHER  f. PROGRAM INCOME  g. TOTAL  B. TO THE BEST OF MY KNOWLEDGE  ULY AUTHORIZED BY THE GOVERN AWARDED.  TYPED NAME OF AUTHORIZED REF	\$ 0.00  \$ 49,532.00  \$ 0,00  \$ 106,001.00  E AND BELIEF, ALL DATA IN THIS APPLICATING BODY OF THE APPLICANT AND THE APPL	17. IS THE APPL  17. IS THE APPL  APPLICATE WILL CARPELICATE WILL CARPELIC	LICANT DELINQUENT ON ANY FEDERAL DEBT? ES If Yes, allach an explanation.  NO  TION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN OMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  C. TELEPHONE NUMBER:  \$59-737-4660  d. DATE:  10/31/02			